

USEPA
290 BROADWAY
NY, NY

NOTIFICATION OF DEMOLITION AND RENOVATION
PAL JOB # 16-1041

Operator Project #	Postmark	Date Received	Notification # 2016-0202-12983	
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): O – Original				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
OWNER NAME: SG Retail LLC C/O The Grossman Companies, Inc.				
Address: One Adam Place 859 Willard Street Suite 501				
City: Quincy	State: MA		Zip: 02169	
Contact Name: Frank Mullaney		Telephone: 203-857-4220		
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services				
Address: 11-02 Queens Plaza South				
City: Long Island City	State: NY		Zip: 11101	
Contact Name: Aric Domozick		Telephone: 718-349-0900		
OTHER CONTRACTOR:				
Address:				
City:				
Contact Name:		State:		Zip:
				Telephone:
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation): R				
IS ASBESTOS PRESENT? (YES NO) YES				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: Chappaqua Crossing Building #100				
Address: 480 Bedford Road				
City: Chappaqua	State: NY		Zip: 10514	
Site Location: 1st & 2nd Floor				
Building Size: 37,000 SF		# of Floors: 2		Age in Years: 52
Present Use: Commercial		Prior Use: Commercial		
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM – Polarized Light Microscopy				
Approximate amount of asbestos , Including 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	R. ACM to be removed	Non-Friable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
				Linear Feet: Ln M:
Surface Area: Carpet, VAT, Flashing & Glue Dots	19,904			Square Feet: Square Meter:
Volume RACM off Facility Component				CuFt: Cu M:
Scheduled Dates Asbestos Removal (mm/dd./yy)		Start: 02/09/2016		Complete: 02/01/2017
Scheduled Dates Demo/Renovation (mm/dd./yy)		Start:		Complete:

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.

WASTE TRANSPORTER #1

Name: Tri State Transfer Associates

Address: 1199 Randall Avenue

City: Long Island City

State: NY

Zip: 10474

Contact Name: Jimmy Byrne

Telephone: 718-617-0771

WASTE TRANSPORTER #2

Name: ATC

Address: 2 Moriches Middle Island Road

City: Shirley

State: NY

Zip:

Contact Name: Kenny Smith

Telephone: 631-924-5050

WASTE TRANSPORTER #3

Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services

Location: 11-02 Queens Plaza South

City: Long Island City

City: Long Island City

City: Long Island City

Telephone: 718-349-0900

Disposal Facility

Name: Minerva Enterprises

Location: 9000 Minerva Road, SE

Location: 9000 Minerva Road, SE

City: Waynesburg

State: OH

Zip: 44688

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (mm/dd./yy)

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFT PART 61, SUBPART M), WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)

Signature of Owner/Operator

01/26/2016

Date

I certify that the above information is correct

Signature of Owner/Operator

01/26/2016

Date